

Enclosure 10
EMT Course Completion Verification

EMT Training Institution: _____

SC DHEC Course Approval Number: _____

SC Certified Instructor Name: _____

This is the lead SC certified instructor responsible for the course and whose signature must be on each Certificate Application (white) card and Skill Verification form

Number of “White” course cards enclosed: _____

Enclosed are the required documents for this course:

- ✓ A properly completed & signed *Certificate Application (White) Card* for each candidate who successfully completed the course
- ✓ A properly completed and signed *Skill Verification* form (Enclosure 5) for each candidate (*Forms must be original, not copies, with all dates and signatures – no photocopies – no ditto marks or arrows*)
- ✓ A copy of each candidate’s CPR card

[] No – This course did not use a SC authorized Apprentice Instructor

[] Yes – This course was taught by a SC authorized Apprentice Instructor

Apprentice Instructor’s Name: _____

SC Apprentice Instructor’s Certification Number: _____

Verification:

I verify the above EMT course has been taught in compliance with all course policies and procedures as required by DHEC.

Signature – EMT Program Coordinator: _____